



3743#

Docket No.: 2308/2070 (1620/869/P/US)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	:	Philip Braithwaite)	Examiner:
)	Annette F. Dixon
Serial No.	:	10/070,146)	
)	Art Unit:
Cnfrm. No.	:	9521)	3743
)	
Filed	:	September 4, 2000)	
)	
For	:	DELIVERY DEVICE)	

SECOND SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT
UNDER 37 C.F.R. §§ 1.97-1.98

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. §§ 1.97-1.98, applicant hereby brings to the attention of the United States Patent and Trademark Office, the references listed on the attached PTO/SB/08A form.

Pursuant to 37 C.F.R. § 1.98(a)(2)(ii), copies of the cited U.S. patents (i.e., Reference Cite Nos. 1-2) are not enclosed. Copies of all other listed references (i.e., Reference Cite Nos. 3-10) are enclosed herewith.

Pursuant to 37 C.F.R. §§ 1.17(p) and 1.97(c), enclosed is a check for \$180.00 to cover the required filing fee. The Commissioner is hereby authorized to charge any additional fees, or credit any overpayment to Deposit Account No. 14-1138.

10/24/2006 WABDELRI 00000099 10070146

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Respectfully submitted,

Date: October 19, 2006

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Certificate of Mailing - 37 CFR 1.8(a)	
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Date <u>10/19/06</u>	<u>Mary Burke</u> Mary Burke

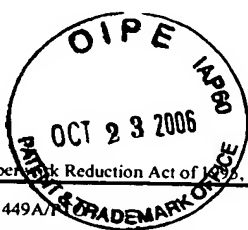


TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/070,146
		Filing Date	September 4, 2000
		First Named Inventor	Philip Braithwaite
		Group Art Unit	3743
		Examiner Name	Annette F. Dixon
Total Number of Pages in This Submission	3 pages and 8 cited references	Attorney Docket Number	2308/2070 (1620/869/P/US)

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Second Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Check for \$180.00 filing fee <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO/SB/08A form (1 page) (in duplicate) 8 cited references (i.e., Reference Cite Nos. 3-10)
Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Alice Y. Choi Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1508 Fax: (585) 263-1600
Signature	<i>Alice Y. Choi</i> Registration No. 45,758
Date	<i>October 19, 2006</i>

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
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<i>10/19/06</i> Date	<i>Mary Burke</i> Signature Mary Burke Typed or printed name



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Substitute for form 1449A/1

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Complete if Known

Application Number	10/070,146
Filing Date	September 4, 2000
First Named Inventor	Philip Braithwaite
Art Unit	3743
Examiner Name	Annette F. Dixon
Attorney Docket Number	2308/2070 (1620/869/P/US)

Sheet

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of

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U.S. PATENT DOCUMENTS

Examiner Initials [*]	Cite No. ¹	U.S. Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number - Kind Code ² (if known)			
	1	US-6,076,521	06-20-2000	Lindahl et al.	
	2	US-6,138,668 A	10-31-2000	Patton et al.	

FOREIGN PATENT DOCUMENTS

Examiner Initials [*]	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ²
		Country Code ³ Number ⁴ Kind Code ⁵ (if known)				
	3	WO 01/39823 A	06-07-2001	Innovata Biomed Limited		
	4	WO 02/056948 A	07-25-2002	Vectura Limited		
	5	WO 2004/091705 A	10-28-2004	Nektar Therapeutics		
	6	EP 0 573 128 A	12-08-1993	Innovata Biomed Limited		
	7	EP 1 062 962 A	12-27-2000	Unisia Jecs Corporation et al.		
	8	EP 1 106 196 A	06-13-2001	Unisia Jecs Corporation et al.		
	9	EP 1 208 863 A	05-29-2002	Unisia Jecs Corporation		
	10	GB 2 366 208 A	03-06-2002	Norton Healthcare Limited		

OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS

Examiner Initials [*]	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

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* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.